257/019



UTILITY DECLARATION AND POWER OF ATTORNEY Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

joint inventor (if plural nar	nes are listed below) of the	only one name is listed below) subject matter which is claimed Method of Treatment for Fund	and for which	ch a patent	
Oral Cavity the specificat					
(Check One)	was filed on <u>Janua</u> 09/774,282 or PCT	is attached hereto OR was filed on <u>January 29, 2001</u> as United States Application Serial No. 09/774,282 or PCT International Application No and was amended on (if applicable).			
	re reviewed and understanended by any amendment	nd the contents of the above-it(s) referred to above.	dentified sp	ecification,	
	o disclose information which code of Federal Regulation	ch is material to the patentabilities, § 1.56.	y of this ap	plication in	
foreign application(s) for which designated at least identified below, by check	patent or inventor's certific one country other than the ting the box, any foreign a	5, United States Code, § 119(a) cate, or § 365(a) of any PCT in a United States of America, lister application for patent or inventor ore that of the application on which	nternational d below and 's certificate	application have also , or of any	
Prior Foreign Application Number(s	Country	Date of Filing	Priority Yes	<u>Claimed</u> No	
I hereby claim the benefit application(s) listed below	under Title 35, United State	es Code § 119(e) of any United S	tates provisi	onal	

Application Number(s)	Filing Date	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Applicati n Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned	

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



22249
PATENT TRADEMARK OFFICE

LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071 (213) 489-1600

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Please direct all inquiries to Michael J. Wise, at the above Customer Number.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name James	MIDDLE Initial M.	LAST Name Lipton	
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INVENTOR'S SIGNATURE Janes M. Lout DATE 3/2/101					